

110TH CONGRESS
1ST SESSION

H. R. 4053

To improve the treatment and services provided by the Department of Veterans Affairs to veterans with post-traumatic stress disorder and substance use disorders, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 1, 2007

Ms. BERKLEY (for herself, Ms. CORRINE BROWN of Florida, Mr. DELAHUNT, Mr. FILNER, Ms. WATSON, Mrs. NAPOLITANO, Mr. FALEOMAVAEGA, Mr. HALL of New York, Mr. HARE, Mr. BACA, Mr. MCNERNEY, and Mr. KAGEN) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To improve the treatment and services provided by the Department of Veterans Affairs to veterans with post-traumatic stress disorder and substance use disorders, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Mental Health Improvements Act of 2007”.

6 (b) TABLE OF CONTENTS.—The table of contents for
7 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—SUBSTANCE USE DISORDERS AND MENTAL HEALTH CARE

- Sec. 101. Findings on substance use disorders and mental health.
 Sec. 102. Expansion of substance use disorder treatment services at Department of Veterans Affairs Medical Centers.
 Sec. 103. Care for veterans with mental health and substance use disorders by clinician teams.
 Sec. 104. Program for enhanced treatment of substance use disorders and post-traumatic stress disorder in veterans.
 Sec. 105. National centers of excellence on post-traumatic stress disorder and substance use disorders.
 Sec. 106. Report on residential mental health care facilities of the Veterans Health Administration.
 Sec. 107. Tribute to Justin Bailey.

TITLE II—MENTAL HEALTH ACCESSIBILITY ENHANCEMENTS

- Sec. 201. Pilot program on peer outreach and support for veterans and use of community mental health centers and Indian Health Service facilities.

TITLE III—RESEARCH

- Sec. 301. Research program on comorbid post-traumatic stress disorder and substance use disorders.
 Sec. 302. Extension of authorization for Special Committee on Post-Traumatic Stress Disorder.

TITLE IV—ASSISTANCE FOR FAMILIES OF VETERANS

- Sec. 401. Clarification of authority of Secretary of Veterans Affairs to provide mental health services to families of veterans.
 Sec. 402. Pilot program on provision of readjustment and transition assistance to veterans and their families in cooperation with Vet Centers.

1 **TITLE I—SUBSTANCE USE DIS-** 2 **ORDERS AND MENTAL** 3 **HEALTH CARE**

4 **SEC. 101. FINDINGS ON SUBSTANCE USE DISORDERS AND** 5 **MENTAL HEALTH.**

6 Congress makes the following findings:

- 7 (1) More than 1,500,000 members of the
 8 Armed Forces have been deployed in Operation Iraqi
 9 Freedom and Operation Enduring Freedom. The

1 2005 Department of Defense Survey of Health Re-
2 lated Behaviors Among Active Duty Personnel re-
3 ports that 23 percent of members of the Armed
4 Forces on active duty acknowledge a significant
5 problem with alcohol use, with similar rates of ac-
6 knowledgeed problems with alcohol use among mem-
7 bers of the National Guard.

8 (2) The effects of substance abuse are wide
9 ranging, including significantly increased risk of sui-
10 cide, exacerbation of mental and physical health dis-
11 orders, breakdown of family support, and increased
12 risk of unemployment and homelessness.

13 (3) While veterans suffering from mental health
14 conditions, chronic physical illness, and polytrauma
15 may be at increased risk for development of a sub-
16 stance use disorder, treatment for these veterans is
17 complicated by the need to address adequately the
18 physical and mental symptoms associated with these
19 conditions through appropriate medical intervention.

20 (4) While the Veterans Health Administration
21 has dramatically increased health services for vet-
22 erans from 1996 through 2006, the number of vet-
23 erans receiving specialized substance abuse treat-
24 ment services decreased 18 percent during that time.

1 No comparable decrease in the national rate of sub-
2 stance abuse has been observed during that time.

3 (5) While some facilities of the Veterans Health
4 Administration provide exemplary substance use dis-
5 order treatment services, the availability of such
6 treatment services throughout the health care sys-
7 tem of the Veterans Health Administration is incon-
8 sistent.

9 (6) According to the Government Accountability
10 Office, the Department of Veterans Affairs signifi-
11 cantly reduced its substance use disorder treatment
12 and rehabilitation services between 1996 and 2006,
13 and has made little progress since in restoring these
14 services to their pre-1996 levels.

15 **SEC. 102. EXPANSION OF SUBSTANCE USE DISORDER**
16 **TREATMENT SERVICES AT DEPARTMENT OF**
17 **VETERANS AFFAIRS MEDICAL CENTERS.**

18 (a) PROVISION OF SUBSTANCE USE DISORDER
19 TREATMENT SERVICES.—The Secretary of Veterans Af-
20 fairs shall ensure the provision, at each Department of
21 Veterans Affairs medical center and community based out-
22 patient clinic, of the following services and treatments
23 with respect to substance use disorder for veterans:

24 (1) Short term motivational counseling services.

25 (2) Intensive outpatient care services.

1 (3) Relapse prevention services.

2 (4) Ongoing aftercare and outpatient counseling
3 services.

4 (5) Opiate substitution therapy services.

5 (6) Pharmacological treatments aimed at reduc-
6 ing craving for drugs and alcohol.

7 (7) Detoxification and stabilization services.

8 (8) Such other services as the Secretary con-
9 siders appropriate.

10 (b) EXEMPTIONS.—

11 (1) IN GENERAL.—The Secretary may exempt
12 an individual medical center or community based
13 outpatient clinic from providing all of the services
14 otherwise required by subsection (a).

15 (2) ANNUAL REPORT.—Each year, the Sec-
16 retary shall submit to the Committee on Veterans'
17 Affairs of the Senate and the Committee on Vet-
18 erans' Affairs of the House of Representatives a re-
19 port setting forth the exemptions made under para-
20 graph (1) as of the date of the report and the rea-
21 sons therefor.

1 **SEC. 103. CARE FOR VETERANS WITH MENTAL HEALTH AND**
2 **SUBSTANCE USE DISORDERS BY CLINICIAN**
3 **TEAMS.**

4 (a) IN GENERAL.—In the event the Secretary of Vet-
5 erans Affairs provides a veteran inpatient or outpatient
6 care for a substance use disorder and a comorbid mental
7 health disorder, the Secretary shall ensure that treatment
8 for such disorders is provided concurrently by a team of
9 clinicians with appropriate expertise.

10 (b) TEAM OF CLINICIANS WITH APPROPRIATE EX-
11 PERTISE DEFINED.—In this section, the term “team of
12 clinicians with appropriate expertise” means a team con-
13 sisting of the following:

14 (1) Clinicians and health professionals with ex-
15 pertise in treatment of substance use disorders and
16 mental health disorders.

17 (2) Such other professionals as the Secretary
18 considers appropriate for the provision of treatment
19 to veterans for substance use and mental health dis-
20 orders.

21 **SEC. 104. PROGRAM FOR ENHANCED TREATMENT OF SUB-**
22 **STANCE USE DISORDERS AND POST-TRAU-**
23 **MATIC STRESS DISORDER IN VETERANS.**

24 (a) IN GENERAL.—The Secretary of Veterans Affairs
25 shall carry out a program for the purpose of enhancing

1 the care and treatment for veterans with substance use
2 disorders and post-traumatic stress disorder (PTSD).

3 (b) ALLOCATION OF FUNDS.—The Secretary of Vet-
4 erans Affairs shall carry out the program through a com-
5 petitive allocation of funds to facilities of the Department
6 of Veterans Affairs for the provision of care and treatment
7 to veterans described in subsection (a).

8 (c) APPLICATION.—A facility of the Department, in-
9 cluding a medical center, a community based outpatient
10 clinic, or a readjustment counseling center, seeking an al-
11 location of funds under this section shall submit to the
12 Secretary an application therefor in such form and in such
13 manner as the Secretary considers appropriate.

14 (d) USE OF ALLOCATED FUNDS.—Each Department
15 facility receiving an allocation of funds under this section
16 shall use such funds for the purpose described in sub-
17 section (a), including the establishment or improvement
18 of the following:

19 (1) Programs that treat veterans with post-
20 traumatic stress disorder and a substance use dis-
21 order through a systematic integration of treatment
22 for such disorders.

23 (2) Programs that treat veterans with sub-
24 stance use disorders through the development of
25 substance use disorder intervention strategies, in-

cluding strategies developed in collaboration with the families of veterans.

(3) Peer outreach programs that—

(A) re-engage veterans of Operation Iraqi Freedom and Operation Enduring Freedom who miss multiple appointments for treatment of post-traumatic stress disorder or a substance use disorder; and

(B) are conducted—

(i) through readjustment counseling centers;

(ii) in tandem with efforts of community-based outpatient clinics and post-traumatic stress disorder and substance use disorder treatment teams based in Department of Veterans Affairs medical centers; and

(iii) with appropriate regard for patient privacy.

(4) Collaboration between urgent care clinicians at Department of Veterans Affairs medical centers and substance use disorder and post-traumatic stress disorder treatment professionals to ensure expedited referral of veterans who are diagnosed with

1 post-traumatic stress disorder or a substance use
2 disorder.

3 (5) Programs of treatment or services for vet-
4 erans with substance use disorders and post-trau-
5 matic stress disorder that utilize innovative and
6 flexible scheduling of treatment and services by em-
7 phasizing scheduling of group meetings or appoint-
8 ments in the evening and on weekends.

9 (6) Evidence-based treatment of post-traumatic
10 stress disorder and substance use disorders.

11 (e) REPORT.—Not later than one year after the date
12 of the enactment of this Act, the Secretary shall submit
13 to the Committee on Veterans' Affairs of the Senate and
14 the Committee on Veterans' Affairs of the House of Rep-
15 resentatives a report setting forth the programs and facili-
16 ties for which funds have been allocated under this section
17 as of the date of the report.

18 (f) FUNDING.—

19 (1) IN GENERAL.—In carrying out the program
20 described in this section, the Secretary shall allocate
21 for each of fiscal years 2008, 2009, and 2010, from
22 funds available to the Department for medical care
23 in such fiscal year, an amount equal to not less than
24 \$50,000,000 to carry out the program.

1 (2) MINIMUM FUNDING.—In allocating amounts
2 under paragraph (1), the Secretary shall ensure
3 that, after funds are allocated under this section for
4 a fiscal year, the total expenditure for programs of
5 the Department relating to the treatment of post-
6 traumatic stress disorder and substance use dis-
7 orders is not less than \$50,000,000 in excess of the
8 baseline amount in that fiscal year.

9 (3) BASELINE.—For purposes of paragraph
10 (2), the baseline amount is the amount of the total
11 expenditures on programs of the Department relat-
12 ing to the treatment of post-traumatic stress dis-
13 order and substance use disorders for the most re-
14 cent fiscal year for which final expenditure amounts
15 are known (except for amounts made available to
16 carry out this section), adjusted to reflect any subse-
17 quent increase in applicable costs to deliver such
18 programs.

19 **SEC. 105. NATIONAL CENTERS OF EXCELLENCE ON POST-**
20 **TRAUMATIC STRESS DISORDER AND SUB-**
21 **STANCE USE DISORDERS.**

22 (a) IN GENERAL.—Subchapter II of chapter 73 of
23 title 38, United States Code, is amended by adding at the
24 end the following new section:

1 **“§ 7330A. National centers of excellence on post-trau-**
2 **matic stress disorder and substance use**
3 **disorders**

4 “(a) ESTABLISHMENT OF CENTERS.—(1) The Sec-
5 retary shall establish not less than six national centers of
6 excellence on post-traumatic stress disorder and substance
7 use disorders.

8 “(2) The purpose of the centers established under
9 this section is to serve as Department facilities that pro-
10 vide comprehensive inpatient treatment and recovery serv-
11 ices for veterans newly diagnosed with both post-traumatic
12 stress disorder and a substance use disorder.

13 “(b) LOCATION.—Each center established in accord-
14 ance with subsection (a) shall be located at a medical cen-
15 ter of the Department that—

16 “(1) provides inpatient care;

17 “(2) is geographically situated in an area with
18 a high number of veterans that have been diagnosed
19 with both post-traumatic stress disorder and sub-
20 stance use disorder; and

21 “(3) is capable of treating post-traumatic stress
22 disorder and substance use disorders.

23 “(c) PROCESS OF REFERRAL AND TRANSITION TO
24 STEP DOWN DIAGNOSIS REHABILITATION TREATMENT
25 PROGRAMS.—The Secretary shall establish a process to
26 refer and aid the transition of veterans from the national

1 centers of excellence on post-traumatic stress disorder and
 2 substance use disorders established pursuant to subsection
 3 (a) to programs that provide step down rehabilitation
 4 treatment for individuals with post-traumatic stress dis-
 5 order and substance use disorders.”.

6 (b) CLERICAL AMENDMENT.—The table of sections
 7 at the beginning of chapter 73 of such title is amended
 8 by inserting after the item relating to section 7330 the
 9 following new item:

“7330A. National centers of excellence on post-traumatic stress disorder and
 substance use disorders.”.

10 **SEC. 106. REPORT ON RESIDENTIAL MENTAL HEALTH CARE**
 11 **FACILITIES OF THE VETERANS HEALTH AD-**
 12 **MINISTRATION.**

13 (a) IN GENERAL.—Not later than six months after
 14 the date of the enactment of this Act, the Secretary of
 15 Veterans Affairs shall, acting through the Office of the
 16 Medical Inspector of the Department of Veterans Af-
 17 fairs—

18 (1) conduct a review of all residential mental
 19 health care facilities, including domiciliary facilities,
 20 of the Veterans Health Administration; and

21 (2) submit to the Committee on Veterans’ Af-
 22 fairs of the Senate and the Committee on Veterans’
 23 Affairs of the House of Representatives a report on
 24 the review.

1 (b) ELEMENTS.—The report required by subsection
2 (a)(2) shall include the following:

3 (1) A description of the availability of care in
4 residential mental health care facilities in each Vet-
5 erans Integrated Service Network (VISN).

6 (2) An assessment of the supervision and sup-
7 port provided in the residential mental health care
8 facilities of the Veterans Health Administration.

9 (3) The ratio of staff members at each residen-
10 tial mental health care facility to patients at such fa-
11 cility.

12 (4) An assessment of the appropriateness of
13 rules and procedures for the prescription and admin-
14 istration of medications to patients in such residen-
15 tial mental health care facilities.

16 (5) A description of the protocols at each resi-
17 dential mental health care facility for handling
18 missed appointments.

19 (6) Any recommendations the Secretary con-
20 siders appropriate for improvements to such residen-
21 tial mental health care facilities and the care pro-
22 vided in such facilities.

23 **SEC. 107. TRIBUTE TO JUSTIN BAILEY.**

24 This title is enacted in tribute to Justin Bailey, who,
25 after returning to the United States from service as a

1 member of the Armed Forces in Operation Iraqi Freedom,
2 died in a domiciliary facility of the Department of Vet-
3 erans Affairs while receiving care for post-traumatic stress
4 disorder and a substance use disorder.

5 **TITLE II—MENTAL HEALTH** 6 **ACCESSIBILITY ENHANCEMENTS**

7 **SEC. 201. PILOT PROGRAM ON PEER OUTREACH AND SUP-** 8 **PORT FOR VETERANS AND USE OF COMMU-** 9 **NITY MENTAL HEALTH CENTERS AND INDIAN** 10 **HEALTH SERVICE FACILITIES.**

11 (a) PILOT PROGRAM REQUIRED.—Commencing not
12 later than 180 days after the date of the enactment of
13 this Act, the Secretary of Veterans Affairs shall carry out
14 a pilot program to assess the feasibility and advisability
15 of providing to veterans of Operation Iraqi Freedom and
16 Operation Enduring Freedom, and, in particular, veterans
17 who served in such operations as a member of the Na-
18 tional Guard or Reserve, the following:

- 19 (1) Peer outreach services.
- 20 (2) Peer support services.
- 21 (3) Readjustment counseling services described
22 in section 1712A of title 38, United States Code.
- 23 (4) Other Mental health services.

24 (b) PROVISION OF CERTAIN SERVICES.—In providing
25 services described in paragraphs (3) and (4) of subsection

1 (a) under the pilot program to veterans who reside in rural
2 areas and do not have adequate access through the De-
3 partment of Veterans Affairs to the services described in
4 such paragraphs, the Secretary shall, acting through the
5 Office of Rural Health, provide such services as follows:

6 (1) Through community health centers under
7 contracts or other agreements for the provision of
8 such services that are entered into for purposes of
9 the pilot program.

10 (2) Through the Indian Health Service pursu-
11 ant to a memorandum of understanding entered into
12 by the Secretary of Veterans Affairs and the Sec-
13 retary of Health and Human Services for purposes
14 of the pilot program.

15 (c) DURATION.—The pilot program shall be carried
16 out during the three-year period beginning on the date of
17 the commencement of the pilot program.

18 (d) PROGRAM LOCATIONS.—

19 (1) IN GENERAL.—The pilot program shall be
20 carried out in at least two Veterans Integrated Serv-
21 ice Networks (VISN) selected by the Secretary for
22 purposes of the pilot program.

23 (2) RURAL GEOGRAPHIC LOCATIONS.—At least
24 two of the locations selected shall be in rural geo-
25 graphic locations that lack access to comprehensive

1 mental health services through the Department of
2 Veterans Affairs.

3 (e) PARTICIPATION IN PROGRAM.—Each community
4 mental health center or facility of the Indian Health Serv-
5 ice participating in the pilot program under subsection (b)
6 shall—

7 (1) provide the services described in paragraphs
8 (3) and (4) of subsection (a) to eligible veterans, in-
9 cluding, to the extent practicable, through the utili-
10 zation of telehealth services for the provision of such
11 services;

12 (2) utilize best practices and technologies; and

13 (3) meet such other requirements as the Sec-
14 retary shall require.

15 (f) COMPLIANCE WITH DEPARTMENT PROTOCOLS.—
16 Each community mental health center or facility of the
17 Indian Health Service participating in the pilot program
18 under subsection (b) shall comply with applicable protocols
19 of the Department before incurring any liability on behalf
20 of the Department for the provision of services as part
21 of the pilot program.

22 (g) PROVISION OF CLINICAL INFORMATION.—Each
23 community mental health center or facility of the Indian
24 Health Service participating in the pilot program under
25 subsection (b) shall provide the Secretary with such clin-

1 ical information on each veteran for whom such health
2 center or facility provides mental health services under the
3 pilot program as the Secretary shall require.

4 (h) TRAINING.—

5 (1) TRAINING OF VETERANS.—As part of the
6 pilot program, the Secretary shall carry out a na-
7 tional program of training for veterans described in
8 subsection (a) to provide the services described in
9 paragraphs (1) and (2) of such subsection.

10 (2) TRAINING OF CLINICIANS.—

11 (A) IN GENERAL.—The Secretary shall
12 conduct a training program for clinicians of
13 community mental health centers or Indian
14 Health Service facilities participating in the
15 pilot program under subsection (b) to ensure
16 that such clinicians can provide the services de-
17 scribed in paragraphs (3) and (4) of subsection
18 (a) in a manner that accounts for factors that
19 are unique to the experiences of veterans who
20 served on active duty in Operation Iraqi Free-
21 dom or Operation Enduring Freedom (including
22 their combat and military training experiences).

23 (B) PARTICIPATION IN TRAINING.—Each
24 community mental health center or facility of
25 the Indian Health Service participating in the

1 pilot program under subsection (b) shall partici-
2 pate in the training program conducted pursu-
3 ant to subparagraph (A).

4 (i) ANNUAL REPORTS.—Each community mental
5 health center or facility of the Indian Health Service par-
6 ticipating in the pilot program under subsection (b) shall
7 submit to the Secretary on an annual basis a report con-
8 taining, with respect to the provision of services under
9 subsection (b) and for the last full calendar year ending
10 before the submission of such report—

11 (1) the number of—

12 (A) veterans served; and

13 (B) courses of treatment provided; and

14 (2) demographic information for such services,
15 diagnoses, and courses of treatment.

16 (j) DEFINITIONS.—In this section:

17 (1) The term “community mental health cen-
18 ter” has the meaning given such term in section
19 410.2 of title 42, Code of Federal Regulations (as
20 in effect on the day before the date of the enactment
21 of this Act).

22 (2) The term “eligible veteran” means a vet-
23 eran in need of mental health services who—

24 (A) is enrolled in the Department of Vet-
25 erans Affairs health care system; and

1 (B) has received a referral from a health
 2 professional of the Veterans Health Administra-
 3 tion to a community mental health center or to
 4 a facility of the Indian Health Service for pur-
 5 poses of the pilot program.

6 (3) The term “Indian Health Service” means
 7 the organization established by section 601(a) of the
 8 Indian Health Care Improvement Act (25 U.S.C.
 9 1661(a)).

10 (k) AUTHORIZATION OF APPROPRIATIONS.—There is
 11 authorized to be appropriated such sums as may be nec-
 12 essary to carry out the provisions of this section.

13 **TITLE III—RESEARCH**

14 **SEC. 301. RESEARCH PROGRAM ON COMORBID POST-TRAU-** 15 **MATIC STRESS DISORDER AND SUBSTANCE** 16 **USE DISORDERS.**

17 (a) PROGRAM REQUIRED.—The Secretary of Vet-
 18 erans Affairs shall carry out a program of research into
 19 comorbid post-traumatic stress disorder (PTSD) and sub-
 20 stance use disorder.

21 (b) DISCHARGE THROUGH NATIONAL CENTER FOR
 22 POSTTRAUMATIC STRESS DISORDER.—The research pro-
 23 gram required by subsection (a) shall be carried out and
 24 overseen by the National Center for Posttraumatic Stress
 25 Disorder. In carrying out the program, the Center shall—

1 (1) develop protocols and goals with respect to
2 research under the program; and

3 (2) coordinate research, data collection, and
4 data dissemination under the program.

5 (c) RESEARCH.—The program of research required
6 by subsection (a) shall address the following:

7 (1) Comorbid post-traumatic stress disorder
8 and substance use disorder.

9 (2) The systematic integration of treatment for
10 post-traumatic stress disorder with treatment for
11 substance use disorder.

12 (3) The development of protocols to evaluate
13 care of veterans with comorbid post-traumatic stress
14 disorder and substance use disorder and to facilitate
15 cumulative clinical progress of such veterans over
16 time.

17 (d) FUNDING.—

18 (1) AUTHORIZATION OF APPROPRIATIONS.—
19 There is authorized to be appropriated for the De-
20 partment of Veterans Affairs for each of fiscal years
21 2008 through 2011, \$2,000,000 to carry out this
22 section.

23 (2) AVAILABILITY.—Amounts authorized to be
24 appropriated by paragraph (1) shall be made avail-
25 able to the National Center on Posttraumatic Stress

1 Disorder for the purpose specified in that para-
2 graph.

3 (3) SUPPLEMENT NOT SUPPLANT.—Any
4 amount made available to the National Center on
5 Posttraumatic Stress Disorder for a fiscal year
6 under paragraph (2) is in addition to any other
7 amounts made available to the National Center on
8 Posttraumatic Stress Disorder for such year under
9 any other provision of law.

10 **SEC. 302. EXTENSION OF AUTHORIZATION FOR SPECIAL**
11 **COMMITTEE ON POST-TRAUMATIC STRESS**
12 **DISORDER.**

13 Section 110(e)(2) of the Veterans' Health Care Act
14 of 1984 (38 U.S.C. 1712A note) is amended by striking
15 “through 2008” and inserting “through 2012”.

16 **TITLE IV—ASSISTANCE FOR**
17 **FAMILIES OF VETERANS**

18 **SEC. 401. CLARIFICATION OF AUTHORITY OF SECRETARY**
19 **OF VETERANS AFFAIRS TO PROVIDE MENTAL**
20 **HEALTH SERVICES TO FAMILIES OF VET-**
21 **ERANS.**

22 (a) IN GENERAL.—Section 1701(5)(B) of title 38,
23 United States Code, is amended—

24 (1) by inserting “marriage and family coun-
25 seling,” after “professional counseling,”; and

1 (2) by striking “as may be essential to” and in-
2 serting “as the Secretary considers appropriate for”.

3 (b) LOCATION.—Paragraph (5) of section 1701 of
4 title 38, United States Code, shall not be construed to pre-
5 vent the Secretary of Veterans Affairs from providing
6 services described in subparagraph (B) of such paragraph
7 to individuals described in such subparagraph in Readjust-
8 ment Counseling Centers, Department of Veterans Affairs
9 medical centers, community-based outpatient clinics, or in
10 such other facilities of the Department of Veterans Affairs
11 as the Secretary considers necessary.

12 **SEC. 402. PILOT PROGRAM ON PROVISION OF READJUST-**
13 **MENT AND TRANSITION ASSISTANCE TO VET-**
14 **ERANS AND THEIR FAMILIES IN COOPERA-**
15 **TION WITH VET CENTERS.**

16 (a) PILOT PROGRAM.—The Secretary of Veterans Af-
17 fairs shall carry out, through a non-Department of Vet-
18 erans Affairs entity, a pilot program to assess the
19 feasibility and advisability of providing readjustment and
20 transition assistance described in subsection (b) to vet-
21 erans and their families in cooperation with centers under
22 section 1712A of title 38, United States Code (commonly
23 referred to as “Vet Centers”).

1 (b) READJUSTMENT AND TRANSITION ASSIST-
2 ANCE.—Readjustment and transition assistance described
3 in this subsection is assistance as follows:

4 (1) Readjustment and transition assistance that
5 is preemptive, proactive, and principle-centered.

6 (2) Assistance and training for veterans and
7 their families in coping with the challenges associ-
8 ated with making the transition from military to ci-
9 vilian life.

10 (c) NON-DEPARTMENT OF VETERANS AFFAIRS EN-
11 TITY.—

12 (1) IN GENERAL.—The Secretary shall carry
13 out the pilot program through any for-profit or non-
14 profit organization selected by the Secretary for pur-
15 poses of the pilot program that has demonstrated
16 expertise and experience in the provision of assist-
17 ance and training described in subsection (b).

18 (2) CONTRACT OR AGREEMENT.—The Secretary
19 shall carry out the pilot program through a non-De-
20 partment entity described in paragraph (1) pursuant
21 to a contract or other agreement entered into by the
22 Secretary and the entity for purposes of the pilot
23 program.

24 (d) DURATION OF PILOT PROGRAM.—The pilot pro-
25 gram shall be carried out during the three-year period be-

1 ginning on the date of the enactment of this Act, and may
2 be carried out for additional one-year periods thereafter.

3 (e) LOCATION OF PILOT PROGRAM.—

4 (1) IN GENERAL.—The Secretary of Veterans
5 Affairs shall provide assistance under the pilot pro-
6 gram in cooperation with 10 centers described in
7 subsection (a) designated by the Secretary for pur-
8 poses of the pilot program.

9 (2) DESIGNATIONS.—In designating centers de-
10 scribed in subsection (a) for purposes of the pilot
11 program, the Secretary shall designate centers so as
12 to provide a balanced geographical representation of
13 such centers throughout the United States, including
14 the District of Columbia, the Commonwealth of
15 Puerto Rico, tribal lands, and other territories and
16 possessions of the United States.

17 (f) PARTICIPATION OF CENTERS.—A center de-
18 scribed in subsection (a) that is designated under sub-
19 section (e) for participation in the pilot program shall par-
20 ticipate in the pilot program by promoting awareness of
21 the assistance and training available to veterans and their
22 families through—

23 (1) the facilities and other resources of such
24 center;

1 (2) the non-Department of Veterans Affairs en-
2 tity selected pursuant to subsection (c); and

3 (3) other appropriate mechanisms.

4 (g) ADDITIONAL SUPPORT.—In carrying out the pilot
5 program, the Secretary of Veterans Affairs may enter into
6 contracts or other agreements, in addition to the contract
7 or agreement described in subsection (c), with such other
8 non-Department of Veterans Affairs entities meeting the
9 requirements of subsection (c) as the Secretary considers
10 appropriate for purposes of the pilot program.

11 (h) REPORT ON PILOT PROGRAM.—

12 (1) REPORT REQUIRED.—Not later than six
13 months after the date of the conclusion of the pilot
14 program, the Secretary shall submit to the congres-
15 sional veterans affairs committees a report on the
16 pilot program.

17 (2) ELEMENTS.—Each report under paragraph
18 (1) shall include the following:

19 (A) A description of the activities under
20 the pilot program as of the date of such report,
21 including the number of veterans and families
22 provided assistance under the pilot program
23 and the scope and nature of the assistance so
24 provided.

1 (B) A current assessment of the effective-
2 ness of the pilot program.

3 (C) Any recommendations that the Sec-
4 retary considers appropriate for the extension
5 or expansion of the pilot program.

6 (3) CONGRESSIONAL VETERANS AFFAIRS COM-
7 MITTEES DEFINED.—In this subsection, the term
8 “congressional veterans affairs committees”
9 means—

10 (A) the Committees on Veterans’ Affairs
11 and Appropriations of the Senate; and

12 (B) the Committees on Veterans’ Affairs
13 and Appropriations of the House of Representa-
14 tives.

15 (i) AUTHORIZATION OF APPROPRIATIONS.—

16 (1) IN GENERAL.—There is authorized to be
17 appropriated for the Department of Veterans Affairs
18 for each of fiscal years 2008 through 2010
19 \$1,000,000 to carry out this section.

20 (2) AVAILABILITY.—Amounts authorized to be
21 appropriated by paragraph (1) shall remain available
22 until expended.

○